

## **Multicultural Festival Vendor Evaluation Form**

**Please take a moment to complete this Evaluation Form for the Multicultural Festival! We are trying to improve each year, your insight will help us to do so! Thanks! ☺**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

**Parade Category:** (Please check the box that applied to your entry)

- ☐ Service Provider      ☐ Arts & Crafts      ☐ Other \_\_\_\_\_
- ☐ Band      ☐ Community Performer      ☐ Volunteer

**Please respond to the following questions:**

Was this your first time as a participant in a Town Festival?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Did you feel that that your participation was appreciated?	<input type="checkbox"/>	<input type="checkbox"/>		
Would you be interested in participating in future Festivals?	<input type="checkbox"/>	<input type="checkbox"/>		
How was the registration publicity?	Poor <input type="checkbox"/>	Satisfactory <input type="checkbox"/>	Good <input type="checkbox"/>	Excellent <input type="checkbox"/>
How was the quality of Communication between staff and yourself? (Friendliness, helpfulness and information).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How do you feel about the organization of the Festival?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How was the organization of the event area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were a BBQ Battle Contestant, how do you feel about the organization of the competition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How did you feel about the event volunteers and staff on friendliness, helpfulness and information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If you were a Community Performer, how do you feel about the organization of this portion of the event?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**We would appreciate any additional suggestions or comments.**

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Please return to:

Ms. Cydney A. Neville, MAEd

17755 Main Street

Dumfries, VA 22026